

OCT 07 2010

Air Quality

Management Division

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

	thry waite and Location			
ı	Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
	Site Name (For example, plant name or number):	15	CORP.	
2	Site Name (For example, plant name or number):			
	ONE LOW PRICE . Hazardous Waste Generator Identification Number:	م يرا ر	1505	
3	Hazardous Waste Generator Identification Number:	<u> </u>	20.03	
	T. 1 7 12026	(.)	1- 174/1	
	IW5 - 12933	17.1	E 17969	
4	TW5- 12935 Facility Location: Street Address: 8689 SW	24	STREET	
	City: County: County: Facility Identification Number (DEP Use ONLY - do not fill	1.	Zip Code: 771	
	10 (A M)	R	ر دال ل	
ے. ا	Facility Identification Number (DEP Use ONLY - do not fill		PIAII A	
· L		UZ:	5 10 1 = 00	
_				
	sponsible Official	 		
6	Name and Title of Responsible Official:	***	•	
Nar	me: CANOS MENDOZA	Title:	resident	
7	Responsible Official Mailing Address:		(00, 90,000	
	Organization/Firm: 8689 SW	24	STREET	
	Organization/Firm: Street Address: 8689 5W	74	JYNEET	
	Organization/Firm: Street Address: City: Miami County: Dado	24	STREET Zip Code: 33155	
8	Responsible Official Mailing Address: Organization/Firm: Street Address: City: Responsible Official Telephone Number:			
8	Responsible Official Telephone Number:	2 Y 5 Fax: (
8	Responsible Official Telephone Number:			
	Responsible Official Telephone Number:			
	responsible Official Telephone Number: Telephone: (305) 265 607 \(\) cility Contact (If different from Responsible Official)	Fax: (
Fac	responsible Official Telephone Number: Telephone: (305) 265 007 4 cility Contact (If different from Responsible Official)	Fax: (
Fac	responsible Official Telephone Number: Telephone: (305) 265 007 4 cility Contact (If different from Responsible Official)	Fax: (
Fac	responsible Official Telephone Number: Telephone: (305) 265 DOZY cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant man Facility Contact Address:	Fax: (
Fac	responsible Official Telephone Number: Telephone: (305) 265 DOZY cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant man Facility Contact Address: Street Address:	Fax: () -	
Fac	responsible Official Telephone Number: Telephone: (305) 265 DOZY cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant man Facility Contact Address:	Fax: (
Fac 9	Responsible Official Telephone Number: Telephone: (305) 265 DOZY cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant man Facility Contact Address: Street Address: City: County:	Fax: () -	
Fac 9	Responsible Official Telephone Number: Telephone: (305) 265 DOZY cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant man Facility Contact Address: Street Address: City: County:	Fax: (Zíp Code:	
Fac 9	responsible Official Telephone Number: Telephone: (305) 265 DOZY cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant man Facility Contact Address: Street Address: City: County:	Fax: (Zíp Code:	

DEP Form No 62-213.900(2)

-10/25/10 - spoke with Stephany who translated to for Carlos Mendoza,

Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Control Device Installed Date Initially Purchased Status Control Device Required* From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 0)-01-00 RC/CA/None required Existing New Existing/New R.C/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit) For each transfer machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [120] gallons (You must fill this in) (b) If less than 12 months, how many? [____] months Check why it is less than 12 months: New owner: Did not keep records: New store: [] New machine [

DEP Form No 62-213 900(2)

Effective: 2/24/99

Unopened store [____] (date of expected opening

3 What is the facility's source classification based of Indicate with an "X". Select one classification		
Small Area Source []		
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)	-per form, pmall -Mk
Large Area Source		pmall
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)	-MB
4 What control technology is required on machines (Indicate with an "X")	s pursuant to section (5) of Part II of this notificati	ion form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []	- per form,
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser	- per form, new pomale
5 A facility which contains non-exempt emissions Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-sit All steam and hot water generating units exempt No such units on-site	hot water generating units on-site meet the follow	
How many boilers do you have on-site?		
For each boiler, indicate its horsepower (HP) rating	g:	
What type of fuel do you use? [] propane [] No 2 fu [] No 6 fu	nel oil [] No 4 fuel oil	
6. Equipment Monitoring and Recordkeeping Info	rmation	
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this gene	eral permit:
(a) Purchase receipts and solvent purchases/solven	t addition log	
(b) Leak detection inspection and repair	[.X .]	
(c) Refrigerated condenser temperature monitoring	onitoring	
(d) Carbon adsorber exhaust perc concentration me	onitoring	
(e) Startup, shutdown, malfunction plan	Ĺ	

DEP Form No 62-213 900(2)

Please indicate with an "X" the appropriate selection: 1 hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

No DEP air permits currently exist for the operation of the facility indicated in this notification form

Responsible Official Certification

7. Surrender of Existing DEP Air Permit(s)

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form

I will promptly notify the Department of any changes to the information contained in this notification

Print name of responsible official

10 - 05 - 10

DEP Form No 62-213 900(2)

Brynes, Marnie

From:

Harris, Sophie (DERM) [HarriSo@miamidade.gov]

Sent:

Thursday, October 07, 2010 12:00 PM

To:

Brynes, Marnie

Cc:

Subject:

"mailto:Dickson.dibble"@dep.state.fl.us; Gordon, Ray (DERM); Delgado, Frank (DERM)

0251011

Attachments:

ONE LOW PRICE CLEANERS.pdf

The attached was received in our office today October 7, 2010.

The hard copy is in the mail.

Thank you,

Sophie Harris, Secretary Miami-Dade County Air Facilities Section 701 NW 1 Court, 2nd Floor, Miami, Florida 33136 305-372-6947 Phone 305-372-6954 Fax

WWW.MIAMIDADE.GOV/DERM

"Delivering Excellence Every Day"



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The Miami-Dade Department of Environmental Resources Management (DERM) values your feedback as a customer. DERM is committed to its mission "to balance today's needs through responsible governance, education, and conservation, to protect our environment for tomorrow." And as part of our mission, we continuously assess and improve the quality of services provided to you. Please take a few minutes to comment on our quality of service. Simply click on this http://derm.miamidade.gov/survey. Thank you in advance for completing our customer survey.

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.

OCT 07 2010 Air Quality Management Division

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, a	gency, or individual owner):
MEN do ZA C/EAN. 2 Site Name (For example, plant name or number):	NO CORP.
2 Site Name (For example, plant name or number):	,
DAE LOW PRICE	CLEANERS
3. Hazardous Waste Generator Identification Number:	
TW5- 12935 4 Facility Location: 8689 SW Street Address: 8689 SW	File 17464
4 Facility Location: X6X9 SW	DY STREET
City: County: County: 5. Facility Identification Number (DEP Use ONLY - do not	Table Zip Code: 3715
5. Facility Identification Number (DEP Use ONLY - do not	511.10)
The second control of the second of the Control of Addition And the Control of the Addition of the Addition and the Addition of the Addition of the Addition and the Addition and the Addition of the Addition and	Harrison A. L. All St. Albert Co.
Responsible Official	
6 Name and Title of Responsible Official:	·
Name: CANOS MENDO 7A 7 Responsible Official Mailing Address:	Title: PRESIDENT
7 Responsible Official Mailing Address:	
Organization/Firm: 8689 SW	24 STREET
City: Miami County: Dad	de Zip Code: 23155
8 Responsible Official Telephone Number:	
Telephone: (305) 265 0074	Fax: () -
2.3 2.00 2.0 ()	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant n	nanager):
10. Facility Contact Address:	
Street Address:	7. 0.1
City: County:	Zip Code:
11 Facility Contact Telephone Number:	
Telephone: ()	Fax: () -

DEP Form No 62-213.900(2)

Facility Information			
1 (a) DRY-TO-DRY MA	ACHINES ONLA	,	·
How many dry-to-dry mag		4	7
	-	provide the following inform	_l
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required (circle one)	
02-01-00	Existing/Ne	RC/CA/None required	SAME
	Existing/Ne	w R.C/CA/None required	····
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser C	CA = carbon adsorber
L(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?	[]	
How many dryers/reclaim	ers do you have o	n-site?	
unit If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between	on December 9, 1991, it is an EXISTING cen December 9, 1991 and September 22, e allowed to operate under this general g information:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K		frigerated condenser (CA = carbon adsorber 12 months?
	ns (You must fill	·	,
(b) If less than 12 mor	iths, how many? [] months	

DEP Form No 62-213 900(2) Effective: 2/24/99

New store: [___] New machine [___]

Unopened store [____] (date of expected opening

Check why it is less than 12 months: New owner: [____] Did not keep records: [____]

	What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only)				
Small Area S	Source				
Trar	-to-dry machines only nsfer only on-site h machine types on-sit	(used l	ess than 140 gallons of ess than 200 gallons of ess than 140 gallons of	perc per year)	
Large Area S	Source	\Box X)			
Tran	-to-dry machines only nsfer only on-site h machine types on-si	(used 2	40 - 2,100 gallons of p 00 - 1,800 gallons of p 40 - 1,800 gallons of p	erc per year)	
4 What control technol(Indicate with an "		nachines pursuan	t to section (5) of Part	II of this notification form?	
Existing mad (NONE REQ	chines at small area so QUIRED) []	nirce	New machines at sm Refrigerated condens		
Existing mac Carbon adsor Refrigerated		urce	New machines at lar Refrigerated condens		
Rule 62-213.300, F.A	.C. Verify that all ste	am and hot wate	all not be eligible to us r generating units on-s ached memo for the cr		
All steam and hot was No such units on-site	ter generating units ex	kempt X	OR		
How many boilers do	you have on-site?	1			
For each boiler, indica	ate its horsepower (HI	P) rating: []	كيل		
What type of fuel do y		propane No. 2 fuel oil No. 6 fuel oil	natural gasNo 4 fuel oilOther (please		
6. Equipment Monitor	ring and Recordkeepi	ng Information	•	•	
Check all logs which	are required to be kep	ot on-site in accor	dance with the require	ments of this general permit:	
(a) Purchase receipts	and solvent purchases	/solvent addition	log [_	凶	
(b) Leak detection ins	spection and repair			(_)	
(c) Refrigerated conde	enser temperature mor	nitoring	[רא	
(d) Carbon adsorber e	exhaust pere concentra	ition monitoring	ا ا	×1	
(e) Startup, shutdowr	1, malfunction plan		نــا	<u></u>	

DEP Form No 62-213 900(2) Effective: 2/24/99

Please indicate with an "X" the appropriate selection: [X] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are [No DEP air permits currently exist for the operation of the facility indicated in this notification form Responsible Official Certification [I. the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official Signature Date



Environmental Resources Management Air Quality Management Division 701 N.W. 1st Court, 2nd Floor Miami, Florida 33136-3912 DE233387



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General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

HWILEZI 35333